

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Friends for Ginther							
Full Name of Contributor Thomas Jedlinsky					Registration Number, if PAC		
Street Address 825 Retreat Lane.		Employer/Occupation/Labor Organization* Camp Dresser McKee / Cli		M 0	D 3	Y 2	Amount 250.00
City Powell		State O H	Zip Code 43065	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory Finnerty					Registration Number, if PAC		
Street Address 6013 Round Tower Lane		Employer/Occupation/Labor Organization* Self Employed / Attorney		M 0	D 3	Y 2	Amount 250.00
City Columbus		State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Smith and Hale, LLC					Registration Number, if PAC		
Street Address 37 West Broad St.		Employer/Occupation/Labor Organization*		M 0	D 3	Y 2	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Smith and Hale, LLC					Registration Number, if PAC		
Street Address 37 West Broad St.		Employer/Occupation/Labor Organization*		M 0	D 3	Y 2	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor I.B.E.W.-C.O.P.E.					Registration Number, if PAC C00027342		
Street Address 900 Seventh St., N.W.		Employer/Occupation/Labor Organization*		M 0	D 3	Y 2	Amount 500.00
City Washington		State D C	Zip Code 20001	Form(Cash,Check,etc) Check			
Full Name of Contributor Columbus Firegithers Union I-67 PAC Fund					Registration Number, if PAC No. LA 839		
Street Address 1380 Dublin Rd.		Employer/Occupation/Labor Organization*		M 0	D 3	Y 2	Amount 500.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor WM Brian Burgett					Registration Number, if PAC		
Street Address 8870 Ridge Rd. P. O. Box 225		Employer/Occupation/Labor Organization* Kokosing Contruction Co.		M 0	D 3	Y 2	Amount 1,000.00
City Fredericktown		State O H	Zip Code 43019	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

5,850.00

Total expenditures this event

465.00

Page Total \$ 3,000.00